04/30/2009 08:09

Image# 29992057137

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

•		For O	ther Than An	Authorize	ed Commit	tee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAE		ample:If typing er the lines	g, type				
L	National Association of Mutu	ıal Insur	ance Companies F	'AC						
		1 1								
AD	DRESS (number and street)	360	01 Vincennes Road	<u> </u>						
	Check if different	PO	Box 68700							
L	than previously reported. (ACC)	Indi	ianapolis 					462	58	Ш
2.	FEC IDENTIFICATION NUM	MBER	_	CITY 🛕			STATE A	ZI	PCODE A	
	C00170258			3. IS THIS REPORT		NEW (N) OR		AMENDED A)		
4.	TYPE OF REPORT (Choose One)	(b)) Monthly Report Due On:	Feb 20 (M2	2)	May 20 (M5)	Au	g 20 (M8)	Nov 20 ((Non-Elec Year Only	y)
	(a) Quarterly Reports:			Mar 20 (M3	3)	Jun 20 (M6)	Se	p 20 (M9)	Dec 20 ((Non-Elec Year Only	ction y)
	April 15			Apr 20 (M4)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(C	21)	(c) 12-Day		Primary (12	P)	Genera	(12G)	Runoff (12R)
	Quarterly Report(C	Q2)	PRE-Election Report for t		Convention	(12C)	Special	(12G)	_	
	Quarterly Report(C	23)						.		_
	January 31 Quarterly Report(Y	(E)		Election on	L.,	<u> </u>			the tate of	
	July 31 Mid-Year Report(Non-electic Year Only) (MY)	on	(d) 30-Day Post -Elect Report for ti		General (30	G)	Runoff	(30R)	X Special ((30S)
	Termination Repor (TER)	t	,	Election on	03	3 1	2009		the tate of	VY
5.	Covering Period 0	1	01 200	9	through	0 4	20	2009		
Ice	ertify that I have examined this			ny knowledge	and belief it is	s true, correct	and complete).		
Тур	oe or Print Name of Treasurer	Gı	regg Dykstra							
Sig	nature of Treasurer Electro	onically F	Filed by Gregg D	ykstra		D	ate 04	30	2009	
NO	TE : Submission of false, erro	neous, o	or incomplete infor	mation may s	ubject the pers	son signing thi	s Report to th	ne penalties of	2 U.S.C 437g.	
	Office Use								ORM 3X	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2009	To: 0 4 2 0 2 0 2 0 9
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž009 Y		31031.58
	(b) Cash on Hand at Begining of Reporting Period	31031.58	
	(c) Total Receipts (from Line 19)	88255.93	88255.93
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	119287.51	119287.51
7.	Total Disbursements (from Line 31)	61052.36	61052.36
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58235.15	58235.15
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	53748.67	53748.67
(ii) Unitemized	17991.58	17991.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	71740.25	71740.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	16500.00	16500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	88240.25	88240.25
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	15.68	15.68
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	88255.93	88255.93
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	88255.93	88255.93

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 452.36 452.36 Expenditures..... (c) Total Operating Expenditures 452.36 452.36 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 59500.00 59500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 1100.00 1100.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 1100.00 1100.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 61052.36 61052.36 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

61052.36

61052.36

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	88240.25	88240.25
34.	Total Contribution Refunds (from Line 28(d))	1100.00	1100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	87140.25	87140.25
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	452.36	452.36
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	452.36	452.36

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	National Association of Mutual Insura	ance Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Neil Alldredge			Date of Receipt
	Mailing Address Box 68700 City	State	Zip Code	0 1 3 0 2 0 0 9 Transaction ID: c802de86de67604d983
	<u>Indianapolis</u>	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer National Association of Mutual Insuran	Occupation Vice Pre	on sident of State and Regulato	ry
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
В.	Full Name (Last, First, Middle Initial) Neil Alldredge			Date of Receipt
	Mailing Address Box 68700			02 13 2009
	City	State	Zip Code	Transaction ID: dc2819e25f1869536eb
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer National Association of Mutual Insuran	_ '	sident of State and Regulato	ry
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
C.	Full Name (Last, First, Middle Initial) Neil Alldredge	1		Date of Receipt
	Mailing Address Box 68700			03 02 7 2009
	City	State IN	Zip Code	Transaction ID: a20ed7f64393a803d0f
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 75.00
	Name of Employer National Association of Mutual Insuran	_ '	sident of State and Regulato	ry
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional) .			225.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	National Association of Mutual Insural	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Neil Alldredge			Date of Receipt
	Mailing Address Box 68700			03 / 13 / 2009
	City	State	Zip Code	Transaction ID: f3baefaac957c6c8f11
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 75.00
	Name of Employer National Association of	Occupatio	n sident of State and Regulator	
	Mutual Insuran Receipt For: Primary General Other (specify) ▼	, .	e Year-to-Date 600.00	
В.	Full Name (Last, First, Middle Initial) Neil Alldredge			Date of Receipt
	Mailing Address Box 68700			03 31 2009
	City	State	Zip Code	Transaction ID: 0d06df1c1c32d7c4cee
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer National Association of Mutual Insuran		sident of State and Regulator	ry
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
C.	Full Name (Last, First, Middle Initial) Neil Alldredge			Date of Receipt
	Mailing Address Box 68700			0 4 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 4060d0eeac97b053fb1
	Indianapolis FEC ID number of contributing	C	46268-0700	Amount of Each Receipt this Period 75.00
	federal political committee.			10.00
	Name of Employer National Association of Mutual Insuran		sident of State and Regulator	ry
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 600.00	
	SUBTOTAL of Receipts This Page (optional)			225.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	21.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 70 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Roberta Alsworth			Date of Receipt
Λ.	Mailing Address 1285 Highway 15 Sou	ıth		0 4 2 0 7 2 0 0 9
	City <u>Fairmont</u>	State MN	Zip Code 56031-4461	Transaction ID: 4d9d38f2effb5fdaabe Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Fairmont Farmers Mutual Insurance Comp Receipt For: Primary General Other (specify) ▼	Occupation Office M Aggregate		
В.	Full Name (Last, First, Middle Initial) David L. Anderson, Cpcu, Pfmm Mailing Address PO Box 276			Date of Receipt 0 1 0 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 5b1ae99ff061feb1c55
	Canton FEC ID number of contributing federal political committee.	SD	57013-0276	Amount of Each Receipt this Period
	Name of Employer Farm Mutual Insurance Company of Linco Receipt For: Primary General Other (specify) ▼	_ ' 	on y/Treasurer e Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue			Date of Receipt
		Stata	Zin Codo	01 12 2009
	City <u>Frankenmuth</u>	State MI	Zip Code 48734	Transaction ID: 1cccca512b2bc77bb36 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer Frankenmuth Mutual Insura- nce Company	 	nt & COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1038.51	
	SUBTOTAL of Receipts This Page (optional) .			1415.39
	TOTAL This Period (last page this line number	r only)	1	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 70 (check only one) X 11a
A C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insural	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John S. Benson	·		Date of Receipt
	Mailing Address One Mutual Avenue			01 26 7 2009
	City <u>Frankenmuth</u>	State MI	Zip Code 48734	Transaction ID: f16c808e388385d9170 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer Frankenmuth Mutual Insura- nce Company	, '	nt & COO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1038.51	
-	Full Name (Last, First, Middle Initial) John S. Benson	1		Date of Receipt
	Mailing Address One Mutual Avenue			0 2 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 0b11b4a6e4b6d1e1b5
	Frankenmuth FEC ID number of contributing federal political committee.	C	48734	Amount of Each Receipt this Period 115.39
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Presiden	on at & COO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1038.51]
. –	Full Name (Last, First, Middle Initial) John S. Benson	ı		Date of Receipt
	Mailing Address One Mutual Avenue			02 23 2009
	City	State	Zip Code	Transaction ID: 4cc1f64288cca1af8f2
	Frankenmuth FEC ID number of contributing federal political committee.	C	48734	Amount of Each Receipt this Period 115.39
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Presiden	on at & COO	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 1038.51	
	SUBTOTAL of Receipts This Page (optional)	1		346.17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur Full Name (Last, First, Middle Initial)	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
	•	
A. John S. Benson Mailing Address One Mutual Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth FEC ID number of contributing	State Zip Code MI 48734	Transaction ID: 6b173a1698da70dd6f4 Amount of Each Receipt this Period 115.39
Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation President & COO Aggregate Year-to-Date ▼ 1038.51	113.39
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth FEC ID number of contributing federal political committee.	State Zip Code MI 48734	Transaction ID: 435848cfa2ff37b157f Amount of Each Receipt this Period 115.39
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupation President & COO Aggregate Year-to-Date 1038.51	
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth	State Zip Code MI 48734	Transaction ID: 6ab24c443f8eadef951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	Occupation President & COO Aggregate Year-to-Date	115.39
Other (specify)	1038.51	346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any pers be name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48734 C Occupation President & COO Aggregate Year-to-Date 1038.51	Date of Receipt M M M / 20 / 2009 Transaction ID: 1ba1fee67e332b354b1 Amount of Each Receipt this Period 115.39
Full Name (Last, First, Middle Initial) John J. Bishop, Cpcu, Clu Mailing Address 471 East Broad Stree City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 43215-3842 C Occupation Chairman, President & CEO Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Boland Mailing Address One Park Circle City Westfield Center FEC ID number of contributing federal political committee. Name of Employer Westfield Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44251-5001 C Occupation Director Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		3115.39

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 70 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Patrick Bradley, Cpcu	ance compan		Date of Receipt
•	Mailing Address PO Box 7008			02 / 05 / 2009
	City Macon	State GA	Zip Code	Transaction ID: ace76ebd2fd6cd17460
	FEC ID number of contributing federal political committee.	C	31209-7008	Amount of Each Receipt this Period 500.00
	Name of Employer Georgia Farm Bureau Mutual Insurance C Receipt For: Primary General Other (specify) ▼	Occupatio General Aggregate		
3.	Full Name (Last, First, Middle Initial) Robert P. Brady Mailing Address 633 Shiloh Pike	1		Date of Receipt 0 2 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 85ffbcdc8b3c5d3157b
	<u>Bridgeton</u>	NJ	08302-1452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cumberland Mutual Fire In- surance Compa Receipt For:	Occupation Presiden		
	Primary General Other (specify) ▼	Aggregate	250.00	
	Full Name (Last, First, Middle Initial) Chris P. Brown, Pfmm Mailing Address 2220 Lacy Drive			Date of Receipt 0 4 1 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 3f1f2bf88fb62a57005
	Junction City FEC ID number of contributing federal political committee.	C	66441-7574	Amount of Each Receipt this Period 500.00
	Name of Employer Upland Mutual Insurance, Inc.	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
National Association of Mutual Inst	urance Companies PAC	
Full Name (Last, First, Middle Initial) John A. Bykowski		Date of Receipt
Mailing Address PO Box 819		02 19 2009
City <u>Appleton</u>	State Zip Code WI 54912-0819	Transaction ID: 2eded00f89c5594d042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 34912-0019	2500.00
Name of Employer SECURA Insurance, A Mutual Company	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Thomas E. Callanan		Date of Receipt
Mailing Address PO Box 571918		03 23 2009
City	State Zip Code	Transaction ID: 1198d860d42b00ccba
Salt Lake City FEC ID number of contributing federal political committee.	UT 84157-1918	Amount of Each Receipt this Period 250.00
Name of Employer Advantage Workers' Compen- sation Insura	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Scott Carmack		Date of Receipt
Mailing Address 1510 North Elms F	Road	02 19 2009
City Flint	State Zip Code MI 48532-2033	Transaction ID: 5325372da9e0ce489th Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pioneer State Mutual Insu- rance Company	Occupation Director of Underwriting	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al) >	3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Inst	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Peter M. Cazzolla Mailing Address PO Box 3110	diance Companies FAC	Date of Receipt 0 2 2 0 2 0 9
City Monterey FEC ID number of contributing	State Zip Code CA 93942-3110	Transaction ID: 59c45b18cfaff7cf6a9 Amount of Each Receipt this Period 250.00
Name of Employer California Capital Insura- nce Company Receipt For: Primary General Other (specify)	Occupation President and CEO Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Jay W. Chadwick Mailing Address PO Box 7		Date of Receipt 0 4 2 0 2 0 0 9
City Wyalusing FEC ID number of contributing	State Zip Code PA 18853-0007	Transaction ID: 8b1914759385b38633 Amount of Each Receipt this Period
Name of Employer Tuscarora Wayne Mutual Insurance Compa Receipt For: Primary General Other (specify)	Occupation President/CEO Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700	0 1 3 0 2 0 0 9 Transaction ID: 6b88460a9821f0490c Amount of Each Receipt this Period 90.00
Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date 720.00	
SUBTOTAL of Receipts This Page (optional	al)	590.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 70 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Inst	urance Compan	ies PAC	
Full Name (Last, First, Middle Initial) Charles M. Chamness			Date of Receipt
Mailing Address PO Box 68700			02 13 2009
City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: a3e7ba673d2fbf7b23 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupatio Presiden Aggregate		
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700	'		Date of Receipt
City	State	Zip Code	0 3 0 2 2 0 0 9 Transaction ID: bcae9c94a298770fd
Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer National Association of Mutual Insuran	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00]
Full Name (Last, First, Middle Initial) Charles M. Chamness	I		Date of Receipt
Mailing Address PO Box 68700			03 13 2009
City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 54483ac65d93024a Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer National Association of Mutual Insuran	Occupatio Presiden	t & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]
SUBTOTAL of Receipts This Page (optional	al)	_	270.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual Insu	rance Companies PAC	
Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
Mailing Address PO Box 68700		03 31 2009
City <u>Indianapolis</u>	State Zip Code IN 46268-0700	Transaction ID: 0a67a262491fd9c9e Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Charles M. Chamness		Date of Receipt
Mailing Address PO Box 68700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code IN 46268-0700	Transaction ID: 9f3078426910a0d4
Indianapolis FEC ID number of contributing federal political committee.	IN 46268-0700	Amount of Each Receipt this Period 90.00
Name of Employer National Association of Mutual Insuran	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Harold Chapin		Date of Receipt
Mailing Address PO Box 7		0 4 2 0 2 0 0 9
City Wyalusing	State Zip Code PA 18853-0007	Transaction ID: 57aba6d54445bf998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tuscarora Wayne Mutual In- surance Compa	Occupation Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		430.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Paul M. Cloonan Mailing Address 85 Benvenue Street City	State	Zip Code	Date of Receipt M M
	Wellesley FEC ID number of contributing	MA	02482-7421	Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	on e Year-to-Date ▼ 250.00	250.00
В.	Full Name (Last, First, Middle Initial) Connie Costigan Mailing Address PO Box 597			Date of Receipt 0 2 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 85fd1598e9d4bf51a3b
	Warrensburg FEC ID number of contributing federal political committee.	C	64093-0597	Amount of Each Receipt this Period 250.00
	Name of Employer Central Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- '	on y/Manager e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Rebekah L. Deters Mailing Address PO Box 207	1		Date of Receipt 0 4
	City	State	Zip Code	Transaction ID: cc3c73e279e6a8150cf
	Teutopolis FEC ID number of contributing federal political committee.	C	62467-0207	Amount of Each Receipt this Period 250.00
	Name of Employer Home Farmers Mutual Fire Insurance Com Receipt For: Primary General Other (specify) ▼	Occupation Office M Aggregate		
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Ins	urance Companies PAC	
Full Name (Last, First, Middle Initial) Thomas A. Dials		Date of Receipt
Mailing Address 550 Eisenhower R		04 06 7 2009
City Leavenworth	State Zip Code KS 66048-1190	Transaction ID: 06ee6f5b31e907417f6 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Armed Forces Insurance Exchange Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chairman/CEO Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Daniel Dierks Mailing Address PO Box 59		Date of Receipt
	Ctata 7in Code	02 11 2009
City Traer	State Zip Code IA 50675-0059	Transaction ID: 098412891afd55bdd06 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30073-0039	250.00
Name of Employer Farmers Mutual Insurance Association	Occupation Secretary/Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Robert Dodds		Date of Receipt
Mailing Address PO Box 900		02 20 2009
City	State Zip Code	Transaction ID: b67e28870ff42b67992
Lititz FEC ID number of contributing federal political committee.	PA 17543-7007	Amount of Each Receipt this Period 250.00
Name of Employer Lititz Mutual Insurance Company Receipt For:	Occupation Legal/Compliance Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00
	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	und Statements may not be sold or used by any persor g the name and address of any political committee to surrance Companies PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John W. Duncan Mailing Address PO Box 398		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cherry Valley FEC ID number of contributing	State Zip Code IL 61016-0398	Transaction ID: 2355e0785b11171972 Amount of Each Receipt this Period
federal political committee. Name of Employer Mutual Reinsurance Bureau Receipt For:	Occupation President/CEO	1000.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700		Date of Receipt M
City	State Zip Code	Transaction ID: d4a99a36f685beaad7
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President-Internal Operati Aggregate Year-to-Date 220.00	
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenu	е	Date of Receipt 0 3 1 3 2 0 0 9
City	State Zip Code	Transaction ID: 308f2b6ed05be64613
<u>Frankenmuth</u>	MI 48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:	Occupation Vice President Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	346.76	
SUBTOTAL of Receipts This Page (option	al)	1068.47

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 70 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Insu	<u> </u>		
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic			Date of Receipt
Mailing Address One Mutual Avenue	9		03 31 2009
City <u>Frankenmuth</u>	State MI	Zip Code 48734	Transaction ID: c1d0b7f7b57db94c2b Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupatio Vice Pres Aggregate]
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic Mailing Address One Mutual Avenue	9		Date of Receipt 0 4 1 0 2 0 0 9
City Frankenmuth	State MI	Zip Code 48734	Transaction ID: d9579e725a510515c
FEC ID number of contributing federal political committee.	C	407.04	Amount of Each Receipt this Period 38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupatio Vice Pres Aggregate]
Full Name (Last, First, Middle Initial) Fred A. Edmond, Cpcu, Cic			Date of Receipt
Mailing Address One Mutual Avenue	Э		04 20 7 2009
City Frankenmuth	State MI	Zip Code 48734	Transaction ID: 5d746ac46506b1bdd Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	107.04	38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:	Occupatio Vice Pres	sident	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 346.76	
SUBTOTAL of Receipts This Page (optional	al)		115.41

	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 70 (check only one)
4	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	e Compar	iles PAC	
_	Full Name (Last, First, Middle Initial) Pam Emmendorfer			Date of Receipt
	Mailing Address 1510 North Elms Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Flint	State MI	Zip Code 48532-2033	Transaction ID: 328c6f15d0b6ce965d Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pioneer State Mutual Insu- rance Company Receipt For: Primary General Other (specify) ▼		n sident of Human Resources • Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Stephen Fine Mailing Address 100 Chestnut Street			Date of Receipt
	City Weston	State MA	Zip Code 02493	Transaction ID: b446bfe0b74168e38c Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Biltrite Corporation	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) Stephan Firko			Date of Receipt
	Mailing Address One Commerce Square 2005 Market Street			0 4 1 6 2 0 0 9
	City Philadelphia	State PA	Zip Code 19103-7008	Transaction ID: b08fb69e0dccb707b3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupatio Vice Pres	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur-	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bernard M. Flynn Mailing Address 301 Sullivan Way City West Trenton FEC ID number of contributing federal political committee. Name of Employer New Jersey Manufacturers Insurance Com Receipt For: Primary General Other (specify)	State Zip Code NJ 08628-3406 C Occupation President & CEO Aggregate Year-to-Date 2500.00	Date of Receipt M M M D D D Z D D Z D D D D D D D D D D
Full Name (Last, First, Middle Initial) Kurt P. Foley Mailing Address 1510 North Elms Ros City Flint FEC ID number of contributing federal political committee. Name of Employer Pioneer State Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48532-2033 C Occupation President & CEO Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Henry R. Gibbel Mailing Address PO Box 900 City Lititz FEC ID number of contributing federal political committee. Name of Employer Lititz Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code PA 17543-7007 C Occupation President & COO Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		4500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Henry H. Gibbel Mailing Address PO Box 900 City Lititz	State Zip Code PA 17543-7007	Date of Receipt 0 2 2 0 9 Transaction ID: 84d5565b031b446e03 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Lititz Mutual Insurance Company Receipt For: Primary Other (specify) ▼	Occupation Chairman & CEO Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) John R. Gibbel Mailing Address PO Box 16 City Lititz FEC ID number of contributing federal political committee. Name of Employer Lititz Mutual Insurance Company Receipt For: Primary Other (specify)	State Zip Code PA 17543-0016 C Occupation Vice President & General Counsel Aggregate Year-to-Date 400.00	Date of Receipt M M J D D J 20 2009 Transaction ID: cba5367c2507bfe510c Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Human Resources Aggregate Year-to-Date 307.71	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26213d32bf6d82c7e5 Amount of Each Receipt this Period 38.47
SUBTOTAL of Receipts This Page (optional)		1438.47

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 70 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any person the name and address of any political committee to s grance Companies PAC	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	State Zip Code MI 48787-0001 C Occupation Vice President, Human Resources Aggregate Year-to-Date 307.71	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General		Date of Receipt M M / 20 / 2009 Transaction ID: a82d6d97cba7e55b5fe Amount of Each Receipt this Period 38.47
Other (specify) ▼ Full Name (Last, First, Middle Initial) Gordon H. Gingrich Mailing Address 1510 North Elms Ro City Flint FEC ID number of contributing federal political committee. Name of Employer Pioneer State Mutual Insu-	State Zip Code MI 48532-2033 C Occupation	Date of Receipt M M M
rance Company Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	Senior Vice President Aggregate Year-to-Date ▼ 250.00	326.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 70 (check only one) X
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	nce Compar	nies PAC	
۸.	Full Name (Last, First, Middle Initial) Harlan W. Gingrich			Date of Receipt
	Mailing Address 1510 North Elms Road			02 19 2009
	City Flint	State MI	Zip Code 48532-2033	Transaction ID: 3d90dc01feec0aa933f Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pioneer State Mutual Insu- rance Company		ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 B.	Full Name (Last, First, Middle Initial) Joseph A. Giovino	1		Date of Receipt
	Mailing Address 222 Ames Street			02 / 13 / 2009
	City	State	Zip Code	Transaction ID: b119b9a6bf9c847eeaf
	Dedham FEC ID number of contributing federal political committee.	C	02026-1850	Amount of Each Receipt this Period 300.00
	Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupatio Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Thomas A. Gosse			Date of Receipt
	Mailing Address PO Box 419			02 13 2009
	City	State	Zip Code	Transaction ID: 659a54f5c1131b902c4
	Irvington	VA	22480-0419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northern Neck Insurance Company	Occupatio CEO		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal he name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jonathan C. Grether, Cpcu Mailing Address PO Box 370 City Algona FEC ID number of contributing federal political committee. Name of Employer Pharmacists Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code IA 50511-0370 C Occupation COO Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary Hallman Mailing Address PO Box 5001 City Westfield Center FEC ID number of contributing federal political committee. Name of Employer Ohio Farmers Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44251-5001 C Occupation Director Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Clifford R. Hanson Mailing Address PO Box 48 City Cottonwood FEC ID number of contributing federal political committee. Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 56229-0048 C Occupation Director Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any perse name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Warren W. Heck Mailing Address 200 Madison Ave City New York FEC ID number of contributing federal political committee. Name of Employer Greater New York Mutual Insurance Comp Receipt For: Primary General Other (specify)	State Zip Code NY 10016-3903 C Occupation Chairman & CEO Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) John T. Hill, II, CPA Mailing Address 1 Park Avenue City New York FEC ID number of contributing federal political committee. Name of Employer Magna Carta Companies Receipt For: Primary General Other (specify)	State Zip Code NY 10016-5802 C Occupation President & COO Aggregate Year-to-Date 2500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Joe E. Hoff, Cpcu Mailing Address PO Box 48 City Cottonwood FEC ID number of contributing federal political committee. Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 56229-0048 C Occupation CFO Aggregate Year-to-Date 250.00	Date of Receipt M M M 20 20 2009 Transaction ID: e037412d8ba8ce9444l Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		5250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Hollander Mailing Address One Park Circle City Westfield Center FEC ID number of contributing federal political committee. Name of Employer Westfield Insurance Company Receipt For: Primary General	State Zip Code OH 44251-5001 C Occupation Director Aggregate Year-to-Date	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company	State Zip Code MI 48787-0001 C Occupation Senior Vice President	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee.	Aggregate Year-to-Date 692.37 State Zip Code MI 48787-0001	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Senior Vice President Aggregate Year-to-Date ▼ 692.37	653.86

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insurar	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) David F. Honold			Date of Receipt
	Mailing Address One Mutual Avenue	Ctoto	7in Codo	0 2 2 3 2 0 0 9 2 3 2 0 0 9
	City <u>Frankenmuth</u>	State MI	Zip Code 48787-0001	Transaction ID: 92340a7158cf5016937 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior V	n ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 692.37	
- В.	Full Name (Last, First, Middle Initial) David F. Honold			Date of Receipt
	Mailing Address One Mutual Avenue			03 13 2009
	City	State	Zip Code	Transaction ID: ece72d73ada2fdc4e88
	Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 76.93
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior V	n ice President	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 692.37]
с. С.	Full Name (Last, First, Middle Initial) David F. Honold	1		Date of Receipt
	Mailing Address One Mutual Avenue			03 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: dedf04db68c644d912c
	Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 76.93
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior V	n ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 692.37	
	SUBTOTAL of Receipts This Page (optional)			230.79
f	TOTAL This Period (last page this line number		·	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 70 (check only one) X 11a
ny information copied from such Reports and r for commercial purposes, other than using t	d Statements may r he name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual Insur	ance Companie	es PAC	
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue			Date of Receipt
Mailing Address One Mutual Avenue City	State	Zip Code	0 4 1 0 2 0 0 9 Transaction ID: 70cac8aa82f4c83d8
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior Vic	e President	
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 692.37	
Full Name (Last, First, Middle Initial) David F. Honold			Date of Receipt
Mailing Address One Mutual Avenue			04 20 2009
City	State	Zip Code	Transaction ID: fccb6174efd157920
Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior Vic	e President	
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		692.37	
Full Name (Last, First, Middle Initial) Mike Horvath			Date of Receipt
Mailing Address PO Box 111			04 03 2009
City	State	Zip Code	Transaction ID: e6a805452e4de31e
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Ohio Mutual Insurance Com- pany		dent-Human Resources	
Receipt For:	Aggregate \	rear-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional	1		403.86

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 70 (check only one) X 11a
Any information cop or for commercial pu	rposes, other than using the	atements may name and ado	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Asso	ciation of Mutual Insuran	ce Compani	ies PAC	
Priscilla Hughes,				Date of Receipt
	139 W Highway 14			02 23 7 2009
City <u>Tyler</u>		State MN	Zip Code 56178-9495	Transaction ID: 86eff3a892a9c148209 Amount of Each Receipt this Period
FEC ID number federal political c		C		250.00
Name of Employ Hope Mutual Ins pany	er urance Com-	Occupation Manager	ו	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00	
Ronald E. Hurd	First, Middle Initial)			Date of Receipt
Mailing Address	222 Ames Street			02 / 13 / 2009
City		State	Zip Code	Transaction ID: eaa1a816d0236ee921a
Dedham FEC ID number of federal political controls.		C	02026-1850	Amount of Each Receipt this Period 250.00
Name of Employ Norfolk & Dedha Fire Insurance	er m Mutual	Occupation Director	1	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, Susan Insley	First, Middle Initial)			Date of Receipt
Mailing Address	One Park Circle			02 05 2009
City Westfield Con	tor	State	Zip Code	Transaction ID: 057148a1b084d4e8f82
Westfield Cen FEC ID number of federal political c	of contributing	OH C	44251-5001	Amount of Each Receipt this Period 500.00
Name of Employ Westfield Insura	er nce Compa-	Occupation Director	1	
Receipt For: Primary Other (spe	General General	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Rec	eipts This Page (optional)		1	1000.00

Mailing Address 200 North Main Street City State Zip Code Bel Air MD 21014-3554 FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period C State Zip Code Transaction ID: 2be44bb5a0ecb65eb75 Amount of Each Receipt this Period 500.00 Full Name (Last, First, Middle Initial)	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	201	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 70 (check only one) X 11a
A. Full Name (Last, First, Middle Initial) Gregory D. Johnson Mailing Address PO Box 48 City State Zip Code MN 55229-0048 FEC ID number of contributing lederal political committee. Name of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) First R. Picklien; III Mailing Address 200 North Main Street City State Zip Code Bel Air MD 21014-3554 FEC ID number of contributing lederal political committee. City State Zip Code Bel Air MD 21014-3554 FEC ID number of contributing lederal political committee. Name of Employer Aggregate Year-to-Date ▼ First R. Middle Initial) First R. Picklien; III Mailing Address 200 North Main Street City State Zip Code Bel Air MD 21014-3554 FEC ID number of contributing lederal political committee. Name of Employer Aggregate Year-to-Date ▼ First Name (Last, First, Middle Initial) James J. Kennedy, Cpou, Lute Mailing Address PO Box 111 City State Zip Code DH 44820-0111 City State Zip Code OH 44820-0111 City State Zip Code OH 44820-0111 City State Zip Code OH 44820-0111 FEC ID number of contributing lederal political committee. C Name of Employer Aggregate Year-to-Date ▼ Fill Name (Last, First, Middle Initial) James J. Kennedy, Cpou, Lute Mailing Address PO Box 111 City State Zip Code OH 44820-0111 City State Zip Code OH 44820-0111 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt this Period		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City State Zip Code MN 56229-0048 FEC ID number of contributing federal political committee. Name of Employer North Star Zip Code Other (specify) ▼ Bel Air MD 21014-3554 FEC ID number of contributing federal political committee. City State Zip Code MD 21014-3554 FEC ID number of contributing federal political committee. City State Zip Code MD 21014-3554 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code MD 21014-3554 FEC ID number of contributing federal political committee. Company Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) James J. Kennedy, Opou, Lutc Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) James J. Kennedy, Opou, Lutc Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) James J. Kennedy, Opou, Lutc Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) James J. Kennedy, Opou, Lutc Adgregate Year-to-Date ▼ FEC ID number of contributing federal political committee. C. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Occupation President & CEO Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	<u>∠</u> A .	Full Name (Last, First, Middle Initial) Gregory D. Johnson	·		<u> </u>
Name of Employer North Star Mutual Insuran- ec Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Date of Receipt Transaction ID: 2be44bb5a0ecb65eb78 Amount of Each Receipt Nice President, Claims Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Date of Receipt Transaction ID: 2be44bb5a0ecb65eb78 Amount of Each Receipt Nice President, Claims Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Date of Receipt Transaction ID: 2be44bb5a0ecb65eb78 Amount of Each Receipt Nice President, Claims Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 13/31400/3cb307/03d Amount of Each Receipt Nice President & CEO Transaction ID: 13/31400/3cb307/03d Amount of Each Receipt his Period Transaction ID: 13/31400/3cb307/03d Amount of Each Receipt his Period Date of Receipt Dat		City Cottonwood	MN	•	Transaction ID: b5ddfc1d3bf993ef24e Amount of Each Receipt this Period
B. Frank P. Kellner, III Mailing Address 200 North Main Street City State Zip Code MD 21014-3554 FEC ID number of contributing federal political committee. Name of Employer Address PO Box 111 City State Zip Code MD 21014-3554 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Other (specify) Type Zip Code Other (specify) Type Zip		Name of Employer North Star Mutual Insurance Company Receipt For: Primary General	Occupation Director	e Year-to-Date ▼	250.00
City State Zip Code MD 21014-3554 FEC ID number of contributing federal political committee. Name of Employer Onter (Specify) ▼	- В.	Frank P. Kellner, III			M M / D D / Y Y Y
Harford Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) James J. Kennedy, Opcu, Lutc Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Bel Air FEC ID number of contributing	MD	•	Transaction ID: 2be44bb5a0ecb65eb75 Amount of Each Receipt this Period
C. James J. Kennedy, Cpcu, Lutc Mailing Address PO Box 111 City State Zip Code Bucyrus OH 44820-0111 FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Harford Mutual Insurance Company Receipt For: Primary General	Vice Pre	e Year-to-Date	
Bucyrus OH 44820-0111 FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ OH 44820-0111 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date ▼ 1000.00	С.	James J. Kennedy, Cpcu, Lutc	1		M M / D D / Y Y Y Y
Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify) ▼ Occupation President & CEO Aggregate Year-to-Date ▼ 1000.00		Bucyrus FEC ID number of contributing	OH	·	Amount of Each Receipt this Period
Primary General Other (specify) ▼ 1000.00		Name of Employer Ohio Mutual Insurance Company	Occupation Presiden	nt & CEO	
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1750.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 70 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Inst	urance Compan	ies PAC	
Full Name (Last, First, Middle Initial) Steve J. Knutson			Date of Receipt
Mailing Address PO Box 308			0 4 1 7 2 0 0 9
City Esko	State MN	Zip Code 55733-0308	Transaction ID: 252b9939b923c2ee2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer RAM Mutual Insurance Comp- any	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joe R. Liddle	I		Date of Receipt
Mailing Address PO Box 1070			03 27 2009
City Galax	State VA	Zip Code 24333-1070	Transaction ID: a5d4cd7023f02afe8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Grayson Carroll Wythe Mut- ual Insurance	Occupation Secretary	n y/Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Steven Linkous			Date of Receipt
Mailing Address 200 North Main Str	reet		0 4 1 3 2 0 0 9
City Bel Air	State MD	Zip Code 21014-3554	Transaction ID: 30ff6af01a6210823a Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Harford Mutual Insurance Company	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (options	I		1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 70 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insura	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Scott A. Lutz			Date of Receipt
	Mailing Address PO Box 900			02 20 7 2009
	City Lititz	State PA	Zip Code 17543-7007	Transaction ID: e022596379c6f53f7ff Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lititz Mutual Insurance Company	Occupation Claims \	n /ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Jeffrey L. Mauland, Cpcu Mailing Address PO Box 48			Date of Receipt
				01 20 2009
	City Cottonwood	State MN	Zip Code 56229-0048	Transaction ID: 54dd5e77a498390ab90 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	COLLO GOTO	250.00
	Name of Employer North Star Mutual Insuran- ce Company	Occupation President	t/CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Phil McCain			Date of Receipt
	Mailing Address 1 Mutual Ave.			03 31 2009
	City	State	Zip Code	Transaction ID: 0fa6b4682f6cf60aff0
	Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Technical	n al Serv. Manager	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 307.71	
	SUBTOTAL of Receipts This Page (optional) .	1		538.47
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			336.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the illed Summary Page	FOR LINE NUMBER: PAGE 35 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and address of	any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
Mailing Address 1 Mutual Ave.			Date of Receipt 0 4 1 0 2 0 0 9
City Frankenmuth) Code 787-0001	Transaction ID: 624d281bf9bff84275b Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupation Technical Serv. Aggregate Year-to		
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth	·	Code 787-0001	Transaction ID: 460cadc2fb605e542b6 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupation Technical Serv. Aggregate Year-to]
Full Name (Last, First, Middle Initial) Gerard T. McDermott			Date of Receipt
Mailing Address 222 Ames Street			04 02 2009
City Dedham		0 Code 026-1850	Transaction ID: 8eac5a374ce08251283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice Pre Aggregate Year-to		
SUBTOTAL of Receipts This Page (optional)			576.94
TOTAL This Period (last page this line number	er only))	

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 70 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Functional Association of Multiple Commercial Commerc	han using the name and addr II)	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle II	·		
Joseph M. McGurrin, Jr.	,		Date of Receipt
Mailing Address 170 South	Independence Mall West		04 16 2009
City Philadelphia	State PA	Zip Code 19106-3323	Transaction ID: 8a520f91df5f34506be Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19100-3525	250.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Assistant	Vice President	
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle II Brian S. McLeod	,		Date of Receipt
Mailing Address One Mutua	I Avenue		03 13 2009
City	State	Zip Code	Transaction ID: 39f405270ad3fc9203
Frankenmuth FEC ID number of contributing federal political committee.	MI C	48787-0001	Amount of Each Receipt this Period 38.46
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary Genera		dent, Secretary & Treasure Year-to-Date ▼	r
Other (specify) ▼	0 0	346.15	
Full Name (Last, First, Middle In Brian S. McLeod	itial)		Date of Receipt
Mailing Address One Mutua	I Avenue		03 31 2009
City	State	Zip Code	Transaction ID: f86c5237f9372d25b0
Frankenmuth FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period 38.46
Name of Employer Frankenmuth Mutual Insura- nce Company		dent, Secretary & Treasure	r
Receipt For: Primary Genera Other (specify) ▼	Aggregate \	Year-to-Date ▼ 346.15	
SUBTOTAL of Receipts This Page	e (optional)		326.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal ename and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	State Zip Code MI 48787-0001 C Occupation Vice President, Secretary & Treasure Aggregate Year-to-Date 346.15	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: caf910d74ec158ba55c Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, Secretary & Treasure Aggregate Year-to-Date 346.15	Date of Receipt M M M / 20 / 2009 Transaction ID: e1f1a291617f995b591 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Arthur L. Meadows Mailing Address R.D. #1, Box 166-A City Moundsville FEC ID number of contributing federal political committee. Name of Employer Pan Handle Farmers Mutual Insurance Co Receipt For: Primary General Other (specify)	State Zip Code WV 26041 C Occupation President/CEO Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		326.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any perse name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald E. Mitchell Mailing Address PO Box 63 City Sprague FEC ID number of contributing federal political committee.	State Zip Code NE 68438-0063 C	Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Olive Branch Insurance Co- mpany Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Manager Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Glenn E. Niinimaki Mailing Address 222 Ames Street		Date of Receipt 0 3
City	State Zip Code	Transaction ID: fd5aa8461344a7a6cc5
Dedham FEC ID number of contributing federal political committee.	MA 02026-1850	Amount of Each Receipt this Period 250.00
Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert F. Ohler		Date of Receipt
Mailing Address 200 North Main Stree	•	03 / 17 / 2009
City Bel Air	State Zip Code MD 21014-3554	Transaction ID: 55d63e62d5da1c1eed
FEC ID number of contributing federal political committee.	C 21014-3334	Amount of Each Receipt this Period 500.00
Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 70 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tony Paris Mailing Address 1510 North Elms Roa City Flint FEC ID number of contributing federal political committee. Name of Employer Pioneer State Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48532-2033 C Occupation Vice President Aggregate Year-to-Date 300.00	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carl M. Parks Mailing Address 122 C Street Northwes Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Senior Vice President-Government A Aggregate Year-to-Date 289.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John A. Paul, Pfmm Mailing Address 127 Pearl St City Council Bluffs FEC ID number of contributing federal political committee. Name of Employer Western lowa Mutual Insurance Associat Receipt For: Primary General Other (specify)	State Zip Code IA 51503-0824 C Occupation President Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		896.50

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	/	anos Compai	iies i AO	
A.	Full Name (Last, First, Middle Initial) John A. Paul, Pfmm Mailing Address 127 Pearl St			Date of Receipt
	City	State	Zip Code	0 3 1 7 2 0 0 9 Transaction ID: 8e331e35180d69bbb2b
	Council Bluffs	IA	51503-0824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Western Iowa Mutual Insur- ance Associat	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
- В.	Full Name (Last, First, Middle Initial) Gregory Petrini			Date of Receipt
	Mailing Address 222 Ames St PO Box 9109			02 23 7 2009
	City	State	Zip Code	Transaction ID: a1b1b72dfb83bf48461
	Dedham FEC ID number of contributing federal political committee.	C	02026-1850	Amount of Each Receipt this Period 250.00
	Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Director	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) June Poole, A.I.A.F.			Date of Receipt
	Mailing Address 200 North Main Stree	et		03 16 2009
	City	State	Zip Code	Transaction ID: 7c2dfe28fb4501e424c
	Bel Air FEC ID number of contributing federal political committee.	C	21014-3554	Amount of Each Receipt this Period 250.00
	Name of Employer Harford Mutual Insurance Company	Occupation Vice Pre	on sident &Treasurer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		\	1250.00
t	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 70 (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may nong the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual In		• •	
Full Name (Last, First, Middle Initial) Curt Preim			Date of Receipt
Mailing Address 1285 Highway 15	South		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Fairmont</u>	State MN	Zip Code 56031-4461	Transaction ID: 78b8f452cad11ceafb Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Fairmont Farmers Mutual Insurance Comp Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Loss Contro Aggregate Yo	ol ear-to-Date ▼	
Full Name (Last, First, Middle Initial) Richard A. Rasmussen Mailing Address PO Box 30060			Date of Receipt
			02 25 2009
City Lansing	State MI	Zip Code 48909-7560	Transaction ID: 21679759a0c565c30 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Michigan Millers Mutual Insurance Comp	Occupation President 8	(CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael T. Rivard	I		Date of Receipt
Mailing Address 222 Ames Street			02 13 2009
City	State	Zip Code	Transaction ID: ca8b63f666dd7aa3f8
Dedham FEC ID number of contributing federal political committee.	C	02026-1850	Amount of Each Receipt this Period 250.00
Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupation Director		
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		1050.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports an r for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual Insu	rance Companies PAC	
Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi		Date of Receipt
Mailing Address PO Box 6927		02 09 2009
City <u>Richmond</u>	State Zip Code VA 23230-0927	Transaction ID: dcd38d885f0c63eaa Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer Mutual Assurance Society of Virginia	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi		Date of Receipt
Mailing Address PO Box 6927		03 / 06 / 4 4 4 9
City Richmond	State Zip Code VA 23230-0927	Transaction ID: 7e643e19a2e1cf89e
FEC ID number of contributing federal political committee.	C 23230-0927	Amount of Each Receipt this Period 210.00
Name of Employer Mutual Assurance Society of Virginia	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) Linwood Gerald Roach, Cpcu, Flmi		Date of Receipt
Mailing Address PO Box 6927		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond	State Zip Code VA 23230-0927	Transaction ID: abe4c9aa774ca7d7 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 25250-0527	210.00
Name of Employer Mutual Assurance Society of Virginia	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
CURTOTAL of Descipto This Dogs (entions	l)	630.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any pershe name and address of any political committee annoe Companies PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy B. Salge Mailing Address 309 East San Antoni City New Braunfels FEC ID number of contributing federal political committee. Name of Employer Farmers Mutual Fire Insurance Associat Receipt For: Primary General Other (specify)	Occupation President/General Manager Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry D. Sauder Mailing Address PO Box 900 City Lititz FEC ID number of contributing federal political committee. Name of Employer Lititz Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code PA 17543-7007 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 2 0 0 9 Transaction ID: 8f05202c03490ae43f5 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Gerald P. Schmidt, Cpcu Mailing Address 1460 Wells St City Enumclaw FEC ID number of contributing federal political committee. Name of Employer Mutual of Enumclaw Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WA 98022-3003 C Occupation President & CEO Aggregate Year-to-Date 2500.00	Date of Receipt M M M D D D Z D D Z D D D Z D D D D D D
SUBTOTAL of Receipts This Page (optional)		3000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\[\]	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insura	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Kurt H. Seelbach, CPA, Cpcu Mailing Address 550 Eisenhower Road	1		Date of Receipt
	City	State	Zip Code	0 4 1 7 2 0 0 9 Transaction ID: 03041c5deb0a9c2ed8d
	<u>Leavenworth</u>	KS	66048-1190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Armed Forces Insurance Ex- change	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Christopher G. Shipe, Cpcu, Ait Mailing Address PO Box 58			Date of Receipt
	Mailing Address FO Box 56			02 11 2009
	City	State	Zip Code	Transaction ID: 5dea661812e72a1ae24
	<u>Waterford</u>	VA	20197-0058	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Loudoun Mutual Insurance Company	Occupation Presiden	nt/CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) David G. Simmons			Date of Receipt
	Mailing Address 200 North Main Stree	t		03 / 23 / 2009
	City	State	Zip Code	Transaction ID: 7026459c98bf4b8fd8c
	Bel Air	MD	21014-3554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harford Mutual Insurance Company	, '	sident, Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 70 (check only one) X 11a
_	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insuran	ce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic,			Date of Receipt
	Mailing Address One Commerce Square 2005 Market Street	9		02 26 2009
	City	State	Zip Code	Transaction ID: e3916b1c4f937a791c1
	<u>Philadelphia</u>	PA	19103-7008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
- В.	Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic,			Date of Receipt
	Mailing Address One Commerce Square 2005 Market Street	9		03 / 10 / 2009
	City	State	Zip Code	Transaction ID: e6fbf89024fd33a57f8
	Philadelphia FEC ID number of contributing federal political committee.	C	19103-7008	Amount of Each Receipt this Period 80.00
	Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
- C.	Full Name (Last, First, Middle Initial) John K. Smith, Crm, Cic,			Date of Receipt
	Mailing Address One Commerce Square 2005 Market Street			04 06 2009
	City Philadelphia	State PA	Zip Code	Transaction ID: ac77779297cef79f2a2
	FTITIAGE ID number of contributing federal political committee.	C	19103-7008	Amount of Each Receipt this Period 80.00
	Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Presiden	t & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
	SUBTOTAL of Receipts This Page (optional)			240.00
İ	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any personal he name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard R. Smith Mailing Address PO Box 1020 City Germantown FEC ID number of contributing federal political committee. Name of Employer Germantown Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 53022-8220 C Occupation Chairman President Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Michael Snodgrass Mailing Address PO Box 48 City Cottonwood FEC ID number of contributing federal political committee. Name of Employer North Star Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 56229-0048 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 1 2 0 0 9 Transaction ID: 229a07bf3de8897d210 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Phillip Spencer Mailing Address PO Box 26 City Mendon FEC ID number of contributing federal political committee. Name of Employer Chariton County Mutual Insurance Compa Receipt For: Primary General Other (specify)	State Zip Code MO 64660-0026 C Occupation Secretary/Manager Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 1 3 2 0 0 9 Transaction ID: 500a489351dda829a3 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	·	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to surrance Companies PAC	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John R. Spielberger	diance companies i Ac	Date of Receipt
Mailing Address 200 North Main Str	State Zip Code	0 4 0 6 2 0 0 9 Transaction ID: 2bb4f03594dea1cd1b
Bel Air	MD 21014-3554	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Harford Mutual Insurance Company Receipt For:	Occupation Senior Vice President/General Counse Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Joy N. Starkey Mailing Address PO Box 6927	•	Date of Receipt
City	State Zip Code	0 4 1 4 2 0 0 9 Transaction ID: 99ebdf490d5d065657
Richmond	VA 23230-0927	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mutual Assurance Society of Virginia	Occupation Underwriting Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lydia Stephan		Date of Receipt
Mailing Address PO Box 900		02 20 2009
City Lititz	State Zip Code PA 17543-7007	Transaction ID: 0fa928687841262fe9f Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lititz Mutual Insurance Company Receipt For:	Occupation Vice President - Information Systems	- -
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CUPTOTAL (D. 11 TU D. (if	(le	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 70 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual Institute (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to surance Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Bruce D. Thomas, Pfmm Mailing Address 409 Kenyon Rd		Date of Receipt 0 3 / 2 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Dodge FEC ID number of contributing federal political committee.	State Zip Code IA 50501-5718 C	Transaction ID: 93aefb3ababe2aa539 Amount of Each Receipt this Period 100.00
Name of Employer Heartland Mutual Insurance Association Receipt For: □ Primary □ General Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Bruce D. Thomas, Pfmm Mailing Address 409 Kenyon Rd	I	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Dodge FEC ID number of contributing	State Zip Code IA 50501-5718	Transaction ID: a25a41e57e13bfe6bb Amount of Each Receipt this Period 100.00
Name of Employer Heartland Mutual Insurance Association Receipt For: Primary General Other (specify)	Occupation President/CEO Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Joyce C. Thomas Mailing Address 200 North Main St	reet	Date of Receipt 0 3 1 0 2 0 0 9
City Bel Air FEC ID number of contributing federal political committee.	State Zip Code MD 21014-3554 C	Transaction ID: 56e4ed88bdbe6704f4 Amount of Each Receipt this Period 250.00
Name of Employer Harford Mutual Insurance Company Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Vice President & Secretary Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	450.00

Any information copie	d from such Reports and State		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
NAME OF COMM	poses, other than using the nar	me and addre	,	n for the purpose of s solicit contributions fr	oliciting contributions om such committee.
Full Name (Last, F Randall Trinklein Mailing Address City Frankenmuth FEC ID number of federal political co Name of Employer Frankenmuth Mut nce Company Receipt For:	One Mutual Avenue contributing mmittee.		Zip Code 48734 dent of Administration ear-to-Date ▼	0 3 Transaction ID	13 2009 : f2bc0951599048ef904 n Receipt this Period
Primary Other (speci			351.00	Date of Receipt	
City Frankenmuth FEC ID number of federal political co Name of Employer Frankenmuth Mutnice Company Receipt For: Primary Other (speci	mmittee. Jual Insura- General		Zip Code 48734 dent of Administration ear-to-Date ▼ 351.00	Transaction ID:	3 1
Full Name (Last, F Randall Trinklein Mailing Address City Frankenmuth FEC ID number of federal political co Name of Employer Frankenmuth Mut nce Company Receipt For: Primary Other (speci	One Mutual Avenue contributing mmittee. Jual Insura- General		Zip Code 48734 dent of Administration ear-to-Date ▼ 351.00	0 4 Transaction ID	1 0 2 0 0 9 2 2 0 0 9 2 21493372a4172a5043d 1 Receipt this Period 39.00
SUBTOTAL of Rece	eipts This Page (optional)				117.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual In	and Statements may not be sold or used by any persor ng the name and address of any political committee to susurance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Aven City Frankenmuth FEC ID number of contributing federal political committee.	State Zip Code MI 48734 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Vice President of Administration Aggregate Year-to-Date ▼ 351.00	
Full Name (Last, First, Middle Initial) Ellen S. Truant Mailing Address 200 North Main S City Bel Air	Street State Zip Code MD 21014-3554	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Harford Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation Vice President-Human Resources Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Susan Tukel Mailing Address 4000 Town Center Suite 1250 City Southfield	State Zip Code MI 48075-1410	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Locomotive Engineers and Conductors Mu Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date ▼ 250.00	1000.00
SUBTOTAL of Receipts This Page (option	onal)	1289.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 70 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Tukel Mailing Address 4000 Town Ctr Ste 1250 City Southfield FEC ID number of contributing federal political committee. Name of Employer Locomotive Engineers and	State MI C Occupation	Zip Code 48075-1407	Date of Receipt M M M / D D M 2009 Transaction ID: a9190cd7d2c8e2e72b8 Amount of Each Receipt this Period 250.00
Conductors Mu Receipt For: Primary General Other (specify)	Presiden Aggregate	t Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William H. Wallace Mailing Address 404 East Woodlawn A	Avenue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16a95b9384f82e12ace
<u>Hastings</u>	MI	49058-1005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hastings Mutual Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
Full Name (Last, First, Middle Initial) Terry H. Wendorff, Cpcu			Date of Receipt
Mailing Address PO Box 7988			02 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 50a5ac414534b22efcd
Madison FEC ID number of contributing federal political committee.	C	53707-7988	Amount of Each Receipt this Period 500.00
Name of Employer Wisconsin Reinsurance Cor- poration	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	•		1000.00
TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ich category of the led Summary Page	FOR LINE NUMBER: PAGE 52 / 70 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and address of a	any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert A. White, Cic, Arm, Mailing Address 1000 Revolution Mill Studio 1 City Greensboro FEC ID number of contributing federal political committee.		Code -05	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Alliance Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation President & CEC Aggregate Year-to-		
Full Name (Last, First, Middle Initial) Wayne F. White, CPA, Pfmm Mailing Address PO Box 860			Date of Receipt M M
City	•	Code	Transaction ID: c901b4729570c53b89f
Bryant FEC ID number of contributing federal political committee.	AR 720	989-0860	Amount of Each Receipt this Period 1250.00
Name of Employer Farmers Union Mutual Insurance Company Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Executive Vice P Aggregate Year-to-		
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,			Date of Receipt
Mailing Address One Mutual Avenue			03 13 2009
City	State Zip	Code	Transaction ID: 1b309696cc9a4a69aac
Frankenmuth FEC ID number of contributing federal political committee.	MI 487	734	Amount of Each Receipt this Period 39.00
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 351.00	
			1789.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 70 (check only one) X
ny information copied from such Reports and for commercial purposes, other than using t	I Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Mutual Insur	ance Compan	nies PAC	
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,			Date of Receipt
Mailing Address One Mutual Avenue			03 31 2009
City	State	Zip Code	Transaction ID: df31c776dc508b6b9
<u>Frankenmuth</u>	MI	48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.00
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupatio Senior V	n ice President	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		351.00	
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,			Date of Receipt
Mailing Address One Mutual Avenue			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 815fc7e8582caaaffk
Frankenmuth	MI	48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.00
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupatio Senior V	n ice President	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	351.00	
Full Name (Last, First, Middle Initial) James W. Wilds, Cpcu, Arm,			Date of Receipt
Mailing Address One Mutual Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: cd27c5a09779b721
Frankenmuth	MI	48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.00
Name of Employer Frankenmuth Mutual Insura- nce Company		ice President	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		351.00	
SUBTOTAL of Receipts This Page (optional)			117.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 70 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
	National Association of Mutual Insura	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Thomas Workman			Date of Receipt
	Mailing Address One Park Circle			03 / 06 / 2009
	City	State	Zip Code	Transaction ID: 58723f689847922bd9c
	Westfield Center FEC ID number of contributing federal political committee.	OH C	44251-5001	Amount of Each Receipt this Period 500.00
	Name of Employer Westfield Insurance Compa-	Occupation	n	
	ny Receipt For: Primary General	1	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Michael A. Yeager			Date of Receipt
	Mailing Address 1047 W Hamilton St			0 4 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: b9e89537d1b1ed669ae
	Allentown FEC ID number of contributing federal political committee.	PA C	18101-1012	Amount of Each Receipt this Period
	Name of Employer Mutual Insurance Company of Lehigh Cou	Occupation Presiden		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 350.00]
C.	Full Name (Last, First, Middle Initial) Jerry Zenke, Pfmm			Date of Receipt
	Mailing Address 42846 County Road 1	2		02 23 2009
	City	State	Zip Code	Transaction ID: 4f7ab3e6d65a9d815b3
	<u>Dakota</u>	MN	55925-4094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mound Prairie Mutual Insu- rance Company		Manager/Treasurer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1650.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 55 / 70 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Date of Receipt Steven R. Zoss Mailing Address PO Box 276 02 20 2009 City State Zip Code **Transaction ID:** 03a290c7a5b01c939c2 Canton SD 57013-0276 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Farm Mutual Insurance Com-Occupation Market Manager pany of Linco Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	53748.67

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 70 (check only one) 11a 11b X 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
/ National Association of Mutual Insur	ance Compan	163 I AO	
Full Name (Last, First, Middle Initial) Farmers Mutual Hail Ins Co of Iowa Political Ac Mailing Address 6785 Westown Parky		MH PAC)	Date of Receipt
	way		04 02 2009
City	State	Zip Code	Transaction ID: 866de51e111b7a19
West Des Moines	<u>IA</u>	50266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0117614	2000.00
Name of Employer	Occupation	า	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) Grange Mutual Casualty Company Pac	.		Date of Receipt
Mailing Address 671 S High Street			03 02 2009
City	State	Zip Code	Transaction ID: 910ead57695f990df
Columbus	OH	43206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0302695	1500.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) Motorists Mutual Insurance Company Civic Fu	nd		Date of Receipt
Mailing Address 471 E Broad St			02 13 2009
City	State	Zip Code	Transaction ID: bb146b0928a79523
Columbus	OH	43215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0336834	5000.00
Name of Employer	Occupation	1	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	33 3		1
Other (specify) ▼		5000.00	
SUBTOTAL of Receipts This Page (optional)	'		8500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 70 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) State Auto Employees Fed Pac Committee of Sta	te Automobile I	Mutual Insurance Company	Date of Receipt
	Mailing Address 518 East Broad Street			03 13 2009
	City	State	Zip Code	Transaction ID: 29f8bfad9cedf0a81f4
	Columbus	OH	43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0430884	3000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
В.	Full Name (Last, First, Middle Initial) Westfield Employee Federal Political Action Com	mittee of Ohio	Farmers Insurance Company	Date of Receipt
	Mailing Address One Park Circle PO Box 5001			02 13 7 2009
	City	State	Zip Code	Transaction ID: c9231e8fe1155a91ac7
	Westfield Center	OH	44251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0376863	5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	8000.00
TOTAL This Period (last page this line number only)	•	16500.00

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District:

ago# 20002001 10 1		
SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 58 / 70
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance (Companies PAC	
Full Name (Last, First, Middle Initial) Chase Bank		Transaction ID: 600bee86cfc6c79ef8c Date of Disbursement O 2 D O 3 C O 9 C O 9
Mailing Address 8751 N Michigan Road City Indianapolis	State Zip Code IN 46268	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name	Q.	120.00 01 gory/
		pe
Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 8751 N Michigan Road		Transaction ID: 156e5f6bc91de7d7bb4 Date of Disbursement M M M / D 3 D / Y Y Y O Y 9 Y
City Indianapolis Purpose of Disbursement Bank Fees Candidate Name	State Zip Code IN 46268	Amount of Each Disbursement this Period 280.59 01 ggry/
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	pe

SUBTOTAL of Disbursements This Page (optional)	•	400.59
TOTAL This Period (last page this line number only)	—	400.59

State:

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C.

CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			NUMBER:	PAGE 59/	70
EMIZED DISBURSEMENTS	for each	category of the Summary Page		ck only 21b 27	22 X 23 28a 28b	24 25 28c 29	26 30b
ny Information copied from such Reports and Sta for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full)							
National Association of Mutual Insuran	ce Companies	s PAC					
Full Name (Last, First, Middle Initial) Akaka in 2012					Date of Disburs		
Mailing Address PO Box 3129					01 1	Y ŽOŠ	9 ^Y
City Honolulu	State HI	Zip Code 96802			Amount of Each	Disbursement this	-
Purpose of Disbursement Contribution			011			-1000.0	0
Candidate Name Daniel K. Akaka			Categor Type	y/			
X Senate President	oursement For: Primary Other (spe	2008 X General ecify) ▼					
State: HI District: Full Name (Last, First, Middle Initial)					Transaction ID:	: e94b034e179b	249557
Blue Dog Political Action Committee					Date of Disburs	ement	_
Mailing Address 6849 Old Dominion D Suite 222	Orive				0 3	20 7 200	9
City McLean	State VA	Zip Code 22101			Amount of Each	Disbursement this	Period
Purpose of Disbursement 2009 Contribution			011			5000.0	0
Candidate Name Blue Dog Political Action Committee			Categor Type	у/			
Senate President	oursement For: Primary X Other (spe	2009 General					
	tribution						
Full Name (Last, First, Middle Initial) Boyd for Congress					Date of Disburs		_
Mailing Address PO Box 15703 PO Box 15703					03 0	03 / Y 200	9 ^Y
City Tallahassee	State FL	Zip Code 32317			Amount of Each	Disbursement this	Period
Purpose of Disbursement 2010 Primary			011	\exists		1000.0	0
Candidate Name F. Allen Boyd, Jr.			Categor Type	у/			
Senate President	oursement For: X Primary Other (spe	2010 General					
State: FL District: 02						• • • •	
UBTOTAL of Disbursements This Page (option	nal)					5000.0	0
OTAL This Period (last page this line number of	only)			•	<u> </u>		
TOTAL This Period (last page this line number of E6AN026	only)				FEC Schedu	lle B (Form 3X) (Re	9

SCHED	ULEE	(FEC Form	3X)	Use sepa	arate schedule(s)		_		NUMBI	ER:		P	AGE	60 / 7	0
ITEMIZE	ED DIS	BURSEMEN	ITS	for each	category of the Summary Page		(check	b [22		23 [24		25	
						[27		28a	\perp	28b	28c		29	<u></u> ;
		d from such Reports poses, other than us													
		IITTEE (In Full)	9		,										
Nationa	al Assoc	iation of Mutual I	nsurance C	Companie	s PAC										
Full Nan	ne (Last, F	First, Middle Initial)							Tran	sactio	n ID:	8f3ea	e73b	f7073	287
Charlie	Melanc	on Campaign Co	mmittee In	С					Date	of Dis	bursen	nent			
Mailing /	Address	PO Box 549 PO Box 549							0 3		3		2	0 ŏ 9	
City Napole	onville			State LA	Zip Code 70390				Amo	unt of I	Each D	Disburs	ement	this P	eriod
Purpose 2010 Pri	of Disbui	rsement					011	7	L				100	00.00	_
Candida	te Name Melanc	on				Ca	tegory/ ype								
Office S	ought:	χ House	Disburse	ment For:	2010		Jpo								
		Senate President	X	Primary	General										
State: L	A	District: 03		Other (spe	ecity) 🔻										
		First, Middle Initial)							Tran	sactio	n ID:	ce776	9054	lbdff3	608
Chris L	ee for C	ongress							Date	of Dis	bursen	nent			
Mailing /	Address	PO Box 15395							0 ^M 3	M /	17	7 /	y y 2	0 ŏ 9	Y
City Roches	ster			State NY	Zip Code 14615				Amo	unt of I	Each D	Disburs	ement	this P	erio
	of Disbu	rsement					011	7					200	00.00	
Candida	ite Name opher Jol	nn Lee				Ca	tegory/ ype								
Office S	•	χ House	Disburse	ment For:	2010		JPO								
		Senate	X	Primary	General										
State: N	ΙΥ	President District: 26		Other (spe	ecity) 🔻										
	ne (Last, F s for Bui	First, Middle Initial)								sactio of Dis		8cfca	dfc66	604b5	fca
									0 3		1 9		YYY	0 ŏ 9	Υ
Mailing A	Address	1717 Dixie Hig	hway Suite	e 180					0 3		1 3			003	
City Ft Wrig	ght			State KY	Zip Code 41011				Amo	unt of I	Each D	Disburs	ement	this P	erio
Purpose 2010 Pri	of Disbui imary	rsement					011	7	L.				250	00.00	_
	te Name					Ca	tegory/ ype								
Office S	ought:	House X Senate		ment For: Primary	2010 General										
	Y	President District:		Other (spe											
State: K	` '		1												
		ursements This Pag	o (ontional)										550	00.00	

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 61 / 70									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only											
TI LIVILLED DISDOTISLIVILITIS	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 30b									
Any Information copied from such Reports and States		y any person fo	or the purpose of sol	iciting contributions									
or for commercial purposes, other than using the name	ne and address of any political co	mmittee to soi	icit contributions fror	n such committee									
NAME OF COMMITTEE (In Full)	O												
National Association of Mutual Insurance	Companies PAC												
Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazqu	ez To Congress		Date of Disburser										
Mailing Address 315 Inspiration Lane			03										
City Gaithersburg	State Zip Code MD 20878		Amount of Each Disbursement this Period										
Purpose of Disbursement 2010 Primary		011		1000.00									
Candidate Name		Category/											
Nydia M. Velazquez		Type											
Senate President	ement For: 2010 Primary General Other (specify)												
State: NY District: 12													
Full Name (Last, First, Middle Initial) Crowley for Congress			Transaction ID: Date of Disburser	e4541c71ac062a45875 nent									
Mailing Address 84-56 Grand Avenue			03 4 2	2009									
City Elmhurst	State Zip Code NY 11373		Amount of Each D	Disbursement this Period									
Purpose of Disbursement 2010 Primary		011		1000.00									
Candidate Name Joseph Crowley	-	Category/ Type											
Senate X President	ement For: 2010 (Primary General Other (specify)												
State: NY District: 07													
Full Name (Last, First, Middle Initial) Demint for Senate Committee Inc			Date of Disburser										
Mailing Address PO Box 12425			0 3 0 3	3 / 2009									
City Columbia	State Zip Code SC 29211		Amount of Each D	Disbursement this Period									
Purpose of Disbursement 2010 Primary	Γ	011	L	2500.00									
Candidate Name Jim DeMint	١-	Category/ Type											
X Senate X President	ement For: 2010 Primary General Other (specify)												
State: SC District:													
SUBTOTAL of Disbursements This Page (optional)		>		4500.00									

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 62/70
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22 💢 23 🦳	24 25 26
	Detailed Guillinary Fage	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political c	committee to son	icit contributions from :	Such committee
National Association of Mutual Insurance (Companies PAC			
Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress			Transaction ID: 0	0737de370b2ec294952
			0 3	['] 2009
Mailing Address PO Box 7783 PO Box 7783				
•	State Zip Code IL 61126		Amount of Each Dis	sbursement this Period
Purpose of Disbursement 2010 Primary		011		1000.00
Candidate Name Donald A. Manzullo		Category/ Type		
Senate X President	ment For: 2010 Primary General Other (specify) ▼			
State: IL District: 16				
Full Name (Last, First, Middle Initial) Driehaus for Congress			Transaction ID: 5 Date of Disburseme	6793d809a6a0dfc9d7 ent
Mailing Address 650 Fox Trails Way			03 4 25	['] 2009 [']
•	State Zip Code OH 45233		Amount of Each Dis	sbursement this Period
Purpose of Disbursement 2010 Primary		011		1000.00
Candidate Name Steven L. Driehaus		Category/ Type		
ÿ <u>X</u>	ment For: 2010 Primary General Other (specify)			
State: OH District: 01				
Full Name (Last, First, Middle Initial) Friends of Charlie Wilson			Transaction ID: a Date of Disburseme	lfac8867a1968518481 ent
Mailing Address PO Box 61			03 / 17	Y 2009
	State Zip Code OH 43950		Amount of Each Dis	sbursement this Period
Purpose of Disbursement 2010 Primary		011		1000.00
Candidate Name Charles A. Wilson, Jr.		Category/ Type		
9 1	ment For: 2010 Primary General Other (specify)			
1			· · · · · ·	3000.00
SUBTOTAL of Disbursements This Page (optional)		<u></u>		333.00
TOTAL This Period (last page this line number only)				

		Use separate schedule			heck only	NUMBE one)					IGL	63 / /	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		Ė	21b 27	22 28a	Х	23 28b	H	24 28c	\square	25 29	2 3
	y Information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insuran	name and address of any politi											
\angle	Full Name (Last, First, Middle Initial)					Trans	eacti	on ID	· 40	ากลก	3800	10312	222/
	Friends of Dan Maffei					Date		isburs					
	Mailing Address PO Box 74					0 3				L		o ŏ 9	
	City Syracuse	State Zip Code NY 13214				Amou	ınt o	f Eacl	n Disl	ourse		this P	-
	Purpose of Disbursement 2010 Primary			01		L.	_				200	00.00	-
	Candidate Name Daniel Benjamin Maffei		C	ateg Typ	gory/ pe								
	Senate President	ursement For: 2010 X Primary General Other (specify) ▼	al										
	State: NY District: 25 Full Name (Last, First, Middle Initial)					Trans	acti	on ID	: f9	bbffe	6331	e219	0e58
	Friends of Jim Oberstar					Date							_
	Mailing Address 1017 8th St NE					0 3			3 1	L	2 (0 ŏ 9	
	City Washington	State Zip Code DC 20002				Amou	ınt o	f Eacl	n Disl	ourse		this P	-
	Purpose of Disbursement 2010 Primary			01	1						100	00.00	
	Candidate Name James L. Oberstar			ateg Typ	gory/ pe								
	Office Sought: X House Senate President State: MN District: 08	ursement For: 2010 X Primary General Other (specify) ▼	al										
	Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action	Committee				Trans	of D	isburs	emer				
	Mailing Address 831 Linwood Court Suite 300					0 _M 3	М	/ D	1 2	/ L	ž (0 ŏ 9	Y
	City Birmingham	State Zip Code AL 35222				Amou	ınt o	f Eacl	n Disl	ourse	-	this P	
	Purpose of Disbursement 2009 Contribution			01	1	L.					500	00.00	-
	Candidate Name Growth and Prosperity Political Action	Committee	C	atec Typ	gory/ be								
	Office Sought: House Disk Senate President	ursement For: 2009 Primary Genera X Other (specify) ▼	al										
	State: District: Cor	tribution											
									-	-	800		-

TEMPER DISCUSSION	Use separate schedule(s		NE NUMBER: only one)	PAGE 64 / 70
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 29 29 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)				
National Association of Mutual Insurance	Companies PAC			
Full Name (Last, First, Middle Initial) Hoyer for Congress			Date of Disburs	
Mailing Address 4201 Northview Dr, Ste	307		03 7 5	17
City Bowie	State Zip Code MD 20716		Amount of Each	n Disbursement this Period
Purpose of Disbursement 2010 Primary		011		2500.00
Candidate Name Steny H. Hoyer		Category/ Type		
Senate President	sement For: 2010 X Primary General Other (specify) ▼	•		
State: MD District: 05 Full Name (Last, First, Middle Initial)			Transaction ID	: 6e05472d8318783k
Kosmas for Congress			Date of Disburs	ement
Mailing Address PO Box 1547			0 3 1 1	03 / 2009
City New Smyrna Beach	State Zip Code FL 32170		Amount of Each	n Disbursement this Period
Purpose of Disbursement 2010 Primary		011		2000.00
Candidate Name Suzanne M. Kosmas		Category/ Type		
Office Sought: X House Senate President State: FL District: 24	sement For: 2010 X Primary General Other (specify)	•		
Full Name (Last, First, Middle Initial) Majority Committee PacMc Pac			Date of Disburs	
Mailing Address PO Box 10134			03 / 0	03 / 2009
City Bakersfield	State Zip Code CA 93389		Amount of Each	n Disbursement this Period
Purpose of Disbursement 2009 Contribution		011	L	2500.00
Candidate Name Majority Committee PacMc Pac		Category/ Type		
Senate President	sement For: 2009 Primary General X Other (specify) ▼			
State: District: Contr	ibution			
SUBTOTAL of Disbursements This Page (optional	l))		7000.00

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ITEMIZED DISI	SUKSEMEN	15		category of the Summary Page		À	21b 27	22 28a	تنا	23 28b	24 280		25 29	2 3
Any Information copied or for commercial purpo	rses, other than using	g the name	and addres	ss of any political										
Full Name (Last, Fir Maloney for Con	gress							Date of					0e6db	
Mailing Address	49 East 92nd St													
City New York			State VY	Zip Code 10128				Amou	nt of	Each	Disburs			-
Purpose of Disburs 2010 Primary Candidate Name						011 ateg			•	•		10	00.00	•
	X House Senate President District: 14		ment For: Primary Other (spe	2010 General		Тур								
Full Name (Last, Fir Mike Pence Com								Date			fc3f7 ment			
Mailing Address	PO Box 408							0 3		3	1 ′	2	0 ŏ 9	
City Anderson			State N	Zip Code 46015				Amou	nt of	Each	Disburs	emen	t this P	eriod
Purpose of Disburs 2010 Primary Candidate Name Mike Pence	ement				Ca	011	ory/	L.				10	00.00	
Office Sought:	X House Senate President District: 06	Disburser	nent For: Primary Other (spe	2010 General		Тур	3							
Full Name (Last, Fir Moore for Congr								Date of	of Dis	burse		4c40	46f02	7232
Mailing Address	PO Box 14631							0 _M 3	M /	^D 1	7 /	ž	0 0 9	Y
City Shawnee Mission	า		State KS	Zip Code 66285				Amou	nt of	Each	Disburs	emen	t this P	eriod
Purpose of Disburs 2010 Primary	ement					011		L.		•		10	00.00	_
Candidate Name Dennis Moore						atego Type								
	X House Senate President District: 03		ment For: Primary Other (spe	2010 General										
	sements This Page								_				00.00	

		Use separate schedule(s)		R LINE eck only					. , , ,	iE 66	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Ì	21b 27	22 28a	X	23 28b		24 28c	25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	e and address of any politica									
<u>∠</u> •.	Full Name (Last, First, Middle Initial) National Republican Congressional Comm	ittee			Date		sburs	emen			a53bc
	Mailing Address 320 First Street				0 _M 3		(3		ž 0 ŏ	9
	City Washington	State Zip Code DC 20003			Amou	int o	f Each	n Disb			Period
	Purpose of Disbursement 2009 Contribution Candidate Name		01°	l ory/			•		. 1	15000.	00
	Senate	ement For: 2009 Primary General Other (specify)	 Гур	e							
3.	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski Mailing Address 103 South Hanover Street				Date		sburs			2c7fe9	99a680
	City Nanticoke Purpose of Disbursement 2010 Primary	State Zip Code PA 18634	01		Amou	int o	f Each	n Disb	ursen	nent this	Period
	X X	ement For: 2010 Primary General Other (specify)	teg Typ	ory/ e							
 ;.	Full Name (Last, First, Middle Initial) Peters for Congress				Date	of Di	sburs	emen			9bc6e
	Mailing Address PO Box 226				0 ^M 3	M	/ D	9	/ L	žoŏ	9 ^Y
	City Bloomfield Hills	State Zip Code MI 48303			Amou	int o	f Each	n Disb	ursen	nent this	Period
	Purpose of Disbursement 2010 Primary		01 ⁻							1000.	00
	Candidate Name Gary C. Peters		teg Typ	ory/ e							
	9 1	ement For: 2010 Primary General Other (specify)									
						_					

TEMPER DISPURSEMENTS	Use separate schedule(s) (check of	NE NUMBER: PAGE 67/70 pnly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	<u> </u>
Any Information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	ame and address of any political committee to	
Full Name (Last, First, Middle Initial) Ryan for Congress Mailing Address PO Box 1919 PO Box 1919 City Janesville	State Zip Code WI 53547	Transaction ID: fe957ffedc4520cb196 Date of Disbursement M 3 M / D 1 D / Y Y Y O Y 9 Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Paul Ryan Office Sought: X House Disbursement Senate President State: WI District: 01	Type rsement For: 2010 X Primary General Other (specify) ▼	2500.00
Full Name (Last, First, Middle Initial) Scott Garrett for Congress Mailing Address PO Box 905 City	State Zip Code	Transaction ID: bd1ba69a2fa7554a2c Date of Disbursement M M M / D J D / Y Y Y O Y O Y Amount of Each Disbursement this Period
Newton Purpose of Disbursement 2010 Primary Candidate Name E. Scott Garrett	NJ 07860 011 Category/ Type rsement For: 2010 X Primary General Other (specify) Other (specify)	1000.00
Full Name (Last, First, Middle Initial) Tedisco for Congress Inc Mailing Address 1707 Rt 9 City Clifton Park Purpose of Disbursement 2009 Special NY-20 Candidate Name James N. Tedisco Office Sought: X House Senate President State: NY District: 20 Spec	State Zip Code NY 12065 011 Category/ Type rsement For: 2009 Primary General X Other (specify) ial	Transaction ID: c68b8676d09730ae8 Date of Disbursement M M M / D D D / Y Y Y O Y Y Amount of Each Disbursement this Period 2000.00
SUBTOTAL of Disbursements This Page (option		5500.00

	CHEDULE B (FEC Form 3)	 Use separate schedule(s) 	FOR LINE	NUMBER: PAGE 68 / 70
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports an for commercial purposes, other than using	•		
\rangle	NAME OF COMMITTEE (In Full) National Association of Mutual Insu	rance Companies PAC		
	Full Name (Last, First, Middle Initial) Wally Herger for Congress Commit Mailing Address PO Box 1500	tee		Transaction ID: ea71ecdb2cc1e0ce2a0 Date of Disbursement O 3 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chico Purpose of Disbursement 2010 Primary	State Zip Code CA 95927	011	Amount of Each Disbursement this Period 1000.00
	Candidate Name Walter Herger, Jr.	-	Category/ Type	
	Office Sought: X House Senate President State: CA District: 02	Disbursement For: 2010 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)		1000.00
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TOTAL This Period (last page this line number only)	•	59500.00

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Α.	NAMIC Advocacy Fund				Date	of Disbu		nt							
	Mailing Address 3601 Vincenne	s Road			0 ^M 3	0 3 M / D D / Y 2 0 0 9 Y									
	City Indianapolis	State IN	Zip Code 46268		Amou	Amount of Each Disbursement this Period									
	Purpose of Disbursement Transfer of 3/13/09 Humboldt PAC Co	010	╗┖				. 1	0.00)						
	Candidate Name			Category/ Type											
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	General ecify) ▼												
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В.	Full Name (Last, First, Middle Initial) Susan Tukel				Date	Transaction ID: 28759843320c1983 Date of Disbursement						33dfa			
	Mailing Address 4000 Town Ctr Ste 1250				03 7 0 9 7 2 0										
	City Southfield	State MI	Zip Code 48075-1407		Amou	unt of Ead	ch Dis	burser			_	od			
	Purpose of Disbursement			010					10	0.00)				
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SUBTOTAL of Disbursements This Page (optional)	•	1100.00
TOTAL This Period (last page this line number only)	•	1100.00

Image# 29992057206 Form/Schedule: F3X Transaction ID: